

County: Wood
MARSHFIELD CENTER
814 WEST 14TH STREET

Facility ID: 5460

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MARSHFIELD 54449 Phone:(715) 387-1188
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 183
Total Licensed Bed Capacity (12/31/02): 204
Number of Residents on 12/31/02: 150

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 158

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		29.3
Supp. Home Care-Personal Care	No					More Than 4 Years		49.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	2.7			21.3
Day Services	No	Mental Illness (Org./Psy)	42.0	65 - 74	10.7			-----
Respite Care	Yes	Mental Illness (Other)	1.3	75 - 84	34.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	39.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	12.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	10.7	65 & Over	97.3	-----		
Transportation	No	Cerebrovascular	6.0		-----	RNs		8.7
Referral Service	No	Diabetes	0.7	Sex	%	LPNs		3.6
Other Services	No	Respiratory	4.7	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.0	Male	32.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	68.0			37.9
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	1	4.8	217	1	1.0	117	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.3
Skilled Care	20	95.2	217	102	97.1	101	0	0.0	0	21	100.0	227	0	0.0	0	3	100.0	202	146	97.3
Intermediate	---	---	---	2	1.9	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		105	100.0		0	0.0		21	100.0		0	0.0		3	100.0		150	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
		Independent		One Or Two Staff				Residents	
Private Home/No Home Health	7.6	Bathing		80.0		20.0		150	
Private Home/With Home Health	0.0	Dressing		80.0		8.7		150	
Other Nursing Homes	1.9	Transferring		59.3		17.3		150	
Acute Care Hospitals	89.8	Toilet Use		66.0		21.3		150	
Psych. Hosp.-MR/DD Facilities	0.0	Eating		44.0		7.3		150	
Rehabilitation Hospitals	0.0	*****							
Other Locations	0.6								
Total Number of Admissions	157	Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		7.3		Receiving Respiratory Care		0.0	
Private Home/No Home Health	8.7	Occ/Freq. Incontinent of Bladder		36.7		Receiving Tracheostomy Care		0.7	
Private Home/With Home Health	33.2	Occ/Freq. Incontinent of Bowel		23.3		Receiving Suctioning		0.0	
Other Nursing Homes	3.8					Receiving Ostomy Care		4.0	
Acute Care Hospitals	14.1	Mobility				Receiving Tube Feeding		1.3	
Psych. Hosp.-MR/DD Facilities	0.5	Physically Restrained		2.7		Receiving Mechanically Altered Diets		26.0	
Rehabilitation Hospitals	0.0								
Other Locations	14.7	Skin Care				Other Resident Characteristics			
Deaths	25.0	With Pressure Sores		4.0		Have Advance Directives		100.0	
Total Number of Discharges		With Rashes		5.3		Medications			
(Including Deaths)	184					Receiving Psychoactive Drugs		61.3	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities									

		Ownership:		Bed Size:		Licensure:			
		Proprietary		200+		Skilled			
		Peer Group		Peer Group		Peer Group			
		Ratio		Ratio		Ratio			
								All Facilities	